

01272.020495

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#157 Amended
Ando
11/12/03

In re Application of:)
: Examiner: L. Tran
MASAO KATO, ET AL.)
: Group Art Unit: 2853
Appln. No.: 09/995,719)
: Filed: November 29, 2001)
: For: METHOD OF FILLING BUFFER)
CHAMBER IN PRINT HEAD WITH :
BUBBLE AND PRINTING)
APPARATUS : October 31, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

Introductory Comments

In response to the Official Action mailed July 31, 2003, the Examiner is requested to amend the above-identified application as follows.



In re Application of:

Docket No.: 01272.020495

MASAO KATO, ET AL.

Application No.: 09/995,719

Examiner: L. Tran

Filed: November 29, 2001

Group Art Unit: 2853

For: METHOD OF FILLING BUFFER CHAMBER
IN PRINT HEAD WITH BUBBLE AND
PRINTING APPARATUS

Date: October 31, 2003

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	MINUS	20	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

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☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,


Attorney for Applicants

Registration No. 33,628

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MAW\mt